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## **INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL QUARTERLY MEETING MINUTES**

Virtual Meeting

Wednesday, June 10, 2020

12:30 pm-2:00 pm

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### **WELCOME**

Lt. Governor Boyd K. Rutherford, Chair, Inter-Agency Council

- Lt. Governor Rutherford welcomes members and guests and introduces Dr. Jones and Dr. Olsen.
- COVID-19 Update:
  - 561 newly confirmed COVID cases
  - 33 confirmed deaths
  - Hospitalizations continue to decline, there are currently 955 people hospitalized and 379 people in the ICU
  - Increased contact tracing
  - <https://coronavirus.maryland.gov/>

### **OPIOID OPERATIONAL COMMAND CENTER UPDATE:**

#### **2020 1<sup>st</sup> QUARTER FATAL OVERDOSE DATA AND RECENT TRENDS**

Steven R. Schuh, Executive Director, Opioid Operational Command Center

- 1<sup>st</sup> Quarter Report:
  - Released on June 10, 2020
  - Covers unintentional drug- and alcohol-related intoxication deaths for the period between January 1, 2020 to March 31, 2020
- Fatalities Data:
  - YTD intoxication-related deaths from all types of drugs and alcohol have unfortunately increased
  - Opioid-related deaths have increased by 2.6%
  - Fentanyl related deaths represent 93% of all opioid related deaths, fentanyl accounts for 523 fatalities in the first quarter of 2020
  - There were 142 heroin-related deaths, a decline of 28.6% from the first quarter of 2019
  - There were 95 prescription opioid-related deaths, a decrease of 2.1%
  - There were fatal increases in cocaine, alcohol, benzodiazepines, and methamphetamines
  - These increases are clear indicators of a substance use crisis that has been worsened by societal upheaval

- There was a decline non-fatal opioid overdose emergency department visits, a 23% decrease when compared to 2019
- Additionally, there was a reduction in naloxone administrations by EMS personnel
- Maryland's COVID Inter-Agency Overdose Action Plan:
  - Released June 10, 2020
  - The Action Plan highlights steps that we can take immediately to ensure that systems and resources are in place for individuals in need of substance use services throughout all stages the emergency response
  - Represents a holistic approach by addressing social determinants that promote an individual's health
- OCCC's upcoming events:
  - This summer will be filled with Opioid Intervention Team, or "OIT," meetings – some of them will be held in person, but most of them will be held virtually
  - Additionally, our soon-to-be-completed Gaps Analysis will help to identify components of the state's treatment network that need additional support and to direct resources to fill those needs

### **SPECIAL PRESENTATIONS:**

Aliya Jones, M.D., MBA, Behavioral Health Administration-Opioid Treatment Programs: Use of Telehealth During COVID-19 Pandemic

- Telehealth/Televideo
  - Providers may only deliver services that fall within their scope of practice
  - 85% of providers are currently operating via telehealth
- Relaxing of Regulations & Policies
  - On March 17, 2020, the Secretary of Health temporarily expanded the definition of telehealth to ensure individuals can access certain Medicaid-covered health care services
  - On March 20, the Governor issued an executive order to authorize the reimbursement of audio-only health care services and to grant further flexibility regarding the use of HIPAA-compliant telehealth technology
  - HIPAA enforcement relaxed to allow telehealth platforms such as FaceTime, Skype, Zoom, etc.
  - On April 30, CMS expanded access to telehealth services for people with Medicare
- Examples of Services via Telehealth
  - Behavioral health evaluations
  - Group services
  - Video telehealth for new assessments
  - Practitioners and OTP's can prescribe buprenorphine to new patients with an opioid use disorder for maintenance treatment or detoxification treatment
  - Medication management
  - IOP and OP may bill for telehealth services
  - 3.3 Residential SUD and 3.7 Residential SUD Housing
  - PRP Services
  - Alcohol and Drug Trainee ("ADT") may provide counseling services

- Benefits to Telehealth/Televideo
  - Increased access to treatment
  - No transportation barriers
  - Increased engagement in treatment
- Telehealth Resource Guide and Map
  - Interactive telehealth map to allow new patients access care
- Telehealth Services Slated to end 7/25/2020
  - MDH will examine closely the flexibility to expand services delivered via telehealth in a patient's home
- Other Waived or Relaxed Services
  - Relaxed OTP take homes
    - State may request 14 days of take-home medication
  - Extension of Certificate of Compliance for Certified Recovery Residences
  - Extension of licenses for licensed behavioral health programs
  - Suspended Evidence-based practices fidelity visits
  - Supported Employment programs
- Challenges
  - Lack of PPE

Yngvild Olsen, M.D., MPH: Expanding Telehealth Services and Continuity of Care for Patients Taking Medications for Opioid Use Disorder

- IBR/REACH
  - Comprehensive outpatient specialty addiction treatment center in Baltimore City
  - Serves over 700 people yearly
- Services
  - Individual and group counseling (ASAM Level 1)
  - Intensive outpatient program (ASAM Level 2.1)
  - Medications for addiction treatment
  - Peer support services
  - Health home services
  - Hepatitis C treatment
  - Outreach and support services for LGBTQ and African-American women
- Policy Changes
  - Federal Policy Changes
    - Flexibility for Take Home Medication for OTPs
    - Flexibility for Prescribing Controlled Substances via Telehealth
    - Waiver of regulatory requirements related to HIPPA compliant telehealth platforms
    - Expansion of Medicare Coverage for Providing Services through Telehealth
    - Compliance with Addiction Treatment Confidentiality Regulations
  - State Policy Changes
    - Executive orders authorizing telehealth services, including addiction treatment counselors with trainee status
    - Executive order to stay-at-home
- Lessons Learned

- Taking time to connect is important for everyone
- Involvement of counselors with trainee status is crucial
- 50% of patients only have access to the phone
- Patients justifiably worry about their COVID risk

Lt. Governor: If telehealth services end in July, will that be expanded for Medicaid or the private sector? Is it a federal program that expires in July?

Dr. Olsen: We have to suspend our Intensive outpatient programs, and other various programs, so being reimbursed for telehealth has enabled us to keep ours open.

Dr. Jones: Infrastructure for behavioral health is dismantling because of financial hardships. Patients won't be able to stay home and receive services and private insurance has come along more slowly in their COVID response.

Lt. Governor: Is there anything we can do, possibly send a letter to make telehealth services permanent? There is a benefit to telehealth services outside of anything COVID-related. We could still have contact and offer services for a vulnerable population.

Dr. Olsen: There was legislation this past session that expanded telehealth to mental health providers but not addiction services.

Public Testimony:

- National Council of Alcohol and Drug Dependence
- Baltimore Harm Reduction Coalition
- Maryland Coalition of Families
- Maryland/DC Society of Addiction Medicine

Lt. Governor: Going forward we would like to focus on removing barriers to treatment by making telehealth permanent.

## **NEXT STEPS**

Lt. Governor Rutherford

Steve Schuh